



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**VERIFICATION OF CONTRIBUTIONS NOT WITHHELD**  
**(CNW) INSTRUCTIONS *EMPLOYER USE ONLY***

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
www.azasrs.gov

**Dear Payroll or Human Resources Manager:**

One of your current or past employees has indicated he or she qualified for membership with the ASRS for a period of time when ASRS contributions were not withheld. We need your cooperation to verify the employee's information. Please read the following information carefully, complete the enclosed form and return it to us as soon as possible. For more information, please refer to the ASRS employer manual or Arizona Revised Statutes § 38-738 or contact the Employer Relations staff.

**STEP 1**

The employer's Payroll or Human Resources Manager should review the employer's records to determine Contributions Not Withheld (CNW) eligibility. If a CNW is established, the employer's Payroll or Human Resources Manager should complete the form in its entirety. An employer letter may also suffice.

**STEP 2**

Once the ASRS receives the employer verification, the member and the employer will be issued an invoice for payment due.

**Restrictions**

- The employment period must have occurred within the last 15 years.
- ASRS membership criteria must have been met with no ASRS contributions withheld.
- To qualify as CNW, the member must have worked:
  - 7/1/1992 – 6/30/1999: minimum of 20 hours/week for at least 20 weeks in a fiscal year.
  - 7/1/1999 – Present: minimum of 20 hours/week for at least 20 weeks in a fiscal year for each ASRS employer. Prior to 7/1/1999, hours could be added together from multiple employers.
- The position must have been covered under Section 218 of the Social Security Act.
- It is the member's responsibility to prove a contribution error occurred.

**NOTE:** The period an employee worked under the mandatory 6-month waiting period for State employees does not qualify as a CNW.

**Alternate Forms of CNW Evidence**

In some cases, the employer will not have records for the time in question. Below are documents the employee can provide to the employer to support the claim:

Documents proving member was employed and covered under Section 218 agreement	Documents proving member met time and hour requirements	Documents verifying member's compensation
<ul style="list-style-type: none"><li>• Pay Stubs</li><li>• W-2s</li><li>• Employer Verification</li><li>• Personnel Action Form</li><li>• Social Security Earnings Report</li></ul>	<ul style="list-style-type: none"><li>• Pay Stubs</li><li>• Contract with W-2s</li><li>• Employer Verification</li><li>• Payroll Records</li><li>• Timesheets</li></ul>	<ul style="list-style-type: none"><li>• Pay Stubs</li><li>• W-2s</li><li>• Employer Verification</li></ul>

**Unable to Prove CNW**

If the employer does not have records and the member is unable to provide sufficient documentation to prove the member's eligibility for a CNW adjustment, the member may be eligible to purchase the time as Other Public Service Non-participatory. The member should contact the ASRS to submit an Other Public Service Non-Participatory service purchase request.

**Contact Us**

If you have questions, please contact an Employer Relations Liaison by e-mail at [employerrelations@azasrs.gov](mailto:employerrelations@azasrs.gov) or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at (800) 621-3778 outside metro Phoenix or Tucson.



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**VERIFICATION OF CONTRIBUTIONS NOT**  
**WITHHELD (CNW) EMPLOYER USE ONLY**

PLEASE PRINT  
COMPLETE AND SEND  
TO: ASRS - Member Services  
PO Box 33910  
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
Fax (602) 240-2090  
www.azasrs.gov

*This form should be completed by the payroll or human resources manager.*

Disclosure of an individual's Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about the individual's ASRS account to inform the Internal Revenue Service about distributions and withholdings with respect to the individual's account.

**SECTION 1 – Member Information**

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Position Title at Time of Claim		Status of Position (i.e. permanent, seasonal, etc.)	Other Names Used
Do you have records available for this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hire Date	Was position covered by Social Security 218 Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 2 – Statements of Understanding and Agreement**

By my signature below, I certify that I understand and agree to the following:

- It is my responsibility to verify the accuracy of the information I am providing below.
- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- By completing the information below, the employer will receive an invoice for the contributions owed during the time listed as well as the accumulated interest on the CNW for both the member and employer contributions. The member will receive an invoice for their contributions owed.

**SECTION 3 – Fiscal Year, Gross Salary and Pay Period Listing - Please list each fiscal year separately. Fiscal years run July 1 – June 30. List only CNW eligible gross salary and pay periods and not the entire employment history.**

Fiscal Year (ex. 2002-03)	Gross Salary							
-								
Pay Period Ending	Gross Salary	Hours Worked	Pay Period Ending	Gross Salary	Hours Worked	Pay Period Ending	Gross Salary	Hours Worked
						Additional fiscal years listed on page two? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION 4 – Employer Information and Signature of Authorized Payroll or HR Manager**

Employer Name	Phone Number
Name of Authorized Payroll or HR Manager (Please print.)	Title
Signature of Authorized Payroll or HR Manager	Date



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**VERIFICATION OF CONTRIBUTIONS NOT WITHHELD (CNW)**

Social Security Number		Member Name (Last)			(First)		(Middle Initial)	
<b>SECTION 3 – Fiscal Year, Gross Salary and Pay Period Listing (Continued)</b>								
Fiscal Year (ex.2002-03)		Gross Salary						
_____ - _____								
Pay Period Ending	Gross Salary	Hours Worked	Pay Period Ending	Gross Salary	Hours Worked	Pay Period Ending	Gross Salary	Hours Worked
Fiscal Year (ex.2002-03)	Gross Salary							
_____ - _____								
Pay Period Ending	Gross Salary	Hours Worked	Pay Period Ending	Gross Salary	Hours Worked	Pay Period Ending	Gross Salary	Hours Worked
						Additional fiscal years listed on separate form?		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Name								
Employer Contact Signature						Date:		